FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB A	٩PP	RO۱	√AL
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OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

SEC USE ONLY							
Profiv		Serial					
DAT	E RECEIV	ED					

Name of Offering (check if thi	s is an amendment and name has changed, and indicate	cate change.)	
Series A Preferred Stock Offe	ring	//30	241
Filing Under (Check box(es) that a	pply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section 4(6) ☐ ULOE	
Type of Filing: ☐ New Filing		AST .	Partie Controller
Anticological field in the control of the control o	A. BASIC IDENTIFICATION DAT	A	100
1. Enter the information requested	about the issuer	/ EMP	A FOR LUNG
Name of Issuer (☐ check if this i	s an amendment and name has changed, and indicat	e change.)	
Microphase Coatings. Inc.		7.95	
Address of Executive Offices 170 Donmoor Court, Garner,	(Number and Street, City, State, Zip Code) NC 27529	Telephone Number (Includin (919) 779-7679	ig Area Code)
Address of Principal Business Ope (if different from Executive Office	erations (Number and Street, City, State, Zip Code) s) Same as above.	Telephone Number (Includin Same as above.	ng Area Code)
Brief Description of Business		J	PROCESSED
Marine Vessel Coating Develo	opment	/(*****
Type of Business Organization			JUN 1 2 2002
☐ corporation	☐ limited partnership, already formed	J	THOMSON
☐ business trust	☐ limited partnership, to be formed	other (please specify):	FINANCIAL
Actual or Estimated Date of Incorporation or Or	Month Year 1 1 9 7 poration or Organization: ganization: (Enter two-letter U.S. Postal Service ab	☐ Actual ☐ Estimated breviation for State:	
	CN for Canada; FN for other foreign ju		DIE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Simendinger, III, William H. Business or Residence Address (Number and Street, City, State, Zip Code) 3916 Yateswood Court, Raleigh, NC 27603 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wisehart, Kenneth Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 10, Warm Springs, VA 24484 Check Box(es) that Apply: ☐ Executive Officer ☐ Promoter ⊠ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mullaney, Julian Business or Residence Address (Number and Street, City, State, Zip Code) 1423 Ridge Road, Raleigh, NC 27607 Check Box(es) that Apply: Promoter ☐ Executive Officer ⊠Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Slomianjy, Michael & Kimberly Business or Residence Address (Number and Street, City, State, Zip Code) 97501 Franklin Ridge, Chapel Hill, NC 27514 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

<u>Language</u>		·		B. INF	ORMAT	ION ABC	UT OFF	ERING_		Contract the second second second second	economica de la constante de l	***************************************	n. conte i conte a
1. Has	the issuer so	ld, or does	s the issue	r intend to	sell, to no	on-accredi	ted investo	ors in this	offering?.			Yes	No ⊠
		,				ix, Colum			•			<u></u>	لسنه
2. Wha	at is the mini	mum inve					Ţ	ŭ				. \$ Nor	1e
					•	•						Yes	
3. Doe	s the offering	g permit jo	oint owner	ship of a s	ingle unit	?				• • • • • • • • • • • • • • • • • • • •		. 🛛	
sion to be list th	r the informa or similar rer e listed is an he name of the ealer, you ma	nuneration associated ne broker (for solicit person or or dealer.	ation of pu agent of a If more th	rchasers in broker of an five (5)	n connection dealer regions to	on with sal- gistered w o be listed	es of secur	rities in the C and/or v	offering. with a state	If a person or states	n s,	
Full Name	e (Last name	first, if in	dividual)										
Business	or Residence	Address	(Number a	and Street,	City, Stat	e, Zip Coo	le)			-			
Name of A	Associated B	roker or I	Dealer					· · · · · · · · · · · · · · · · · · ·					
	Which Perso "All States"											☐ All	States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	.]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
Full Name	e (Last name	first, if in	dividual)										
Business	or Residence	Address	(Number a	and Street,	City, Stat	e, Zip Coo	le)						
Name of A	Associated B	roker or I	Dealer										
	Which Perso "All States"											☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	.]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
Full Name	e (Last name	first, if in	dividual)							-			
Business	or Residence	Address	(Number a	and Street,	City, Stat	e, Zip Coo	le)						
Name of	Associated E	Broker or I	Dealer										
	Which Perso "All States"											☐ All	States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	']
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	1

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$.0	\$.0
	Equity	\$_1,000,000	\$ 670,000
	☐ Common Preferred		
	Convertible Securities (including warrants)	\$.0	\$ 0
	Partnership Interests	\$.0	\$ 0
	Other (Specify)	\$	\$
	Total	\$_1,000,000	\$ 670,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors	18	\$ 670,000
	Non-accredited Investors	0	\$.0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Time of	Dallor Amount
	Type of offering	Type of Security	Dollar Amoun Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs	r-	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PROC	EEDS
	b. Enter the difference between the aggregate offering price given in response to P tion 1 and total expenses furnished in response to Part C - Question 4.a. This diffe "adjusted gross proceeds to the issuer."	erence is the	\$ 994, 000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proused for each of the purposes shown. If the amount for any purpose is not known estimate and check the box to the left of the estimate. The total of the payments liste the adjusted gross proceeds to the issuer set forth in response to Part C - Question	n, furnish an d must equal	
	Salaries and fees		<u> </u>
	Purchase of real estate	□\$ 0	□\$ 0
	Purchase, rental or leasing and iunstallation of machinery and equipment		\$ O
	Construction or leasing of plant buildings and facitlities		□\$ 0
	Acquisition of other businesses (including the value of securities involved in offering that may be used in exchange for the assets or securities of another	ı this	
	issuer pursuant to a merger)	□ <u>\$</u> 0	□\$0
	Repayment of indebtedness		<u>0</u>
	Working capital	□ <u>\$</u> 0	△\$ 994,000
	Other (specify):	□ <u>\$ o</u>	<u></u>
		 	<u> </u>
	Column Totals	□\$ 0	△\$ 994,000
	Total Payments Listed (column totals added)	\ <u>\</u> \$	994,000
	D. FEDERAL SIGNATURE		
Th	he issuer has duly caused this notice to be signed by the undersigned duly authorized	parson. If this notice is fil	ed under Pule 505, the
fol	llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securiest of its staff, the information furnished by the issuer to any non-accredited investor	ties and Exchange Comm	ission, upon written re-
Iss	suer (Print or Type) Signature	Dat	re
Mi	icrophase Coatings, Inc.	Ma	v 8. 2002
	ame of Signer (Print or Type) Title of Signer (Print or Type)	1.010	
Fre	ed D. Hutchison Assistant Secretary		

-ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		!
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.	_	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed	, a not	ice on

- Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Microphase Coatings. Inc.		Mav 8. 2002
Name (Print or Type)	Title (Print or Type)	
Fred D. Hutchison	Assistant Secretary	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3 4					5					
	to non-a investor	to sell ccredited s in State I-Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
			Series A	Number of Accredited		Number of Non-Accredited					
State	Yes	No	Preferred Stock	Investors	Amount	Investors	Amount	Yes	No		
AL											
AK											
AZ					····		4. VT.				
AR											
CA											
СО											
CT		X	\$50,000	2	\$50,000	0	\$0		X		
DE				41	·						
DC											
FL											
GA											
HI											
ID											
IL		.,									
IN											
IA											
KS											
KY											
LA											
ME											
MD											
MA		X	\$225,000	6	\$225,000	0	\$0		X		
MI											
MN											
MS											
МО											

APPENDIX

1		2	3			4		 _	5		
	to non-a investor	I to sell ccredited s in State 3-Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV											
NH											
NJ					 						
NM					<u> </u>						
NY								<u> </u>			
NC		X	\$260,000	5	\$260,000	0	\$0		X		
ND											
ОН											
OK					·						
OR											
PA											
RI		X	\$60,000	2	\$60,000	0	<u>\$0</u>		X		
SC_		X	\$35,000	1	\$35,000	0	\$0		X		
SD											
TN					<u> </u>						
TX											
UT					· · · · · · · · · · · · · · · · · · ·						
VT						-					
VA		X	\$40,000	2	\$40,000	0	\$0		X		
WA	<u> </u>										
WV		ļ							ļ		
WI											
WY								<u> </u>	ļ		
PR											